



**Board of Behavioral Sciences**  
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## PROFESSIONAL CLINICAL COUNSELOR INTERN WEEKLY SUMMARY OF EXPERIENCE HOURS

### OPTION 1 – NEW STREAMLINED METHOD

*Use a separate log for each work setting*

Name of Intern: Last	First	Middle
Supervisor Name	Name of Work Setting	
Address of Work Setting		Is this a hospital or community mental health setting? Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate your status when the hours below are logged: BBS File #: _____		
<input type="checkbox"/> Intern Application Pending <input type="checkbox"/> Registered Intern - PCI Number: _____		
YEAR _____	WEEK OF:	
		<b>Total Hours</b>
A. Direct Counseling with Individuals, Groups, Couples or Families		
B. Non-Clinical Experience		
B1. Supervision, Individual*		
B2. Supervision, Group*		
<b>C. Total Hours Per Week</b> (A + B = C) (Maximum 40 hours / week)		
Of the above hours, how many included working with Couples, Families or Children?		
<b>Supervisor Signature</b>		

\* Lines B1 and B2 are sub-categories of line "B." When totaling weekly hours do not include the subcategories - use the formula found in box "C."